

**BEST AVAILABLE COPY**

CLAIMS ONLY							Applicant(s)	
<div> <div>Application Number</div> <div>09-430132</div> </div> <div> <div>Filing Date</div> <div>7-4-05</div> </div>								
May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.		
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Total Indep.	2							
Total Depend.	1							
Total Claims	3							